## **Richford Fire Department**

**Application for Membership** 

Name:		
Address:		
Phone Number: (Home)	(Work)	
SSN#:	Date of Birth:	
Married:	Single:	
Employer:		
Address:		
	Normal work hours:	
Emergency Contact Name:		
Relationship:	Phone Number:	
Have you discussed leaving work or going to work late because of an emergency call with your employer? YES NO		
How did you hear about Richford Fire Department? Member Friend Internet		
What type of position are you applying for? Firefighter Fire Police Other		
Have you had previous experience in the position you are interested in? YES NO		
If yes please give details:		

Do you have a valid Drivers License? YES NO ID#:	Exp. Date:
Passport#:	Exp. Date:
Restriction Codes if Any:	
Do you have transportation available to you? YES NO	
Do you have any experience driving trucks over 26,000 po	unds? YES NO
List CDL classification if any:	
Do you know if there are any limitations that might affect	your firefighting ability? YES NO
If required, are you able to pass a physical? YES NO In	f not please explain why:
Have you been convicted of any criminal offenses/ motor	
What are your outside interests?	

## **Requirements For All Applicants**

You are encouraged to attend an Apprenticeship Program (Firefighter 1 or equivalent) upon the course being offered in the area. You are also encouraged to attend every meeting that you can. You will be on probation for 90 days or longer if the chiefs feel it's necessary. Probation will end upon a vote of confidence by the members of The Richford Firefighters' Association.

The facts set forth in my application for membership in the Richford Fire Department are true and complete. I understand that if accepted, any false statements in this application shall be considered sufficient for dismissal.

## Signature of Applicant: \_\_\_\_\_

Date:

This application will be held for a period of 1 year, if after 1 year it hasn't been acted on, the applicant will have to re-apply.